

CMS-1500 (revised 08/05)

Following are interim instructions for filing the new CMS-1500 (revised 08/05) paper claim form during the NPI (National Provider Identifier) contingency period from May 23 – September 30, 2007. When billing on paper to Montana's Healthcare Programs, providers ***must*** continue to use their current Medicaid number during this time and may also include their NPI. NPI numbers are not required until October 1, 2007. The revised CMS-1500 must be used beginning July 2, 2007. Claims submitted on the old form after this date will be returned to providers.

CMS 1500	
Field Number	Definition
10d, 1a, 9a, 11a	Insured's ID number. Needed in one of the four areas
2	Client name
11c, 9d, 11d = y	TPL indicators
17a	Passport number with qualifier '1D' preceding the number
21	Diagnosis code
23	Prior authorization number
24A	Dates of service
24B	Place of service
24C	Emergency indicator
24D	CPT/HCPCS/Modifiers
24E	Diagnosis pointers
24F	Line item charges
24G	Days or units
24H	EPSDT/family planning indicator
26	Patient account number
28	Total claim charge
29	TPL payment
31	Signature and date
33	Billing provider's physical address
33b	Providers must continue to bill with their Medicaid/CHIP/MHSP ID number with qualifier '1D' preceding the number.

UB-04 (CMS-1450)

Following are interim instructions for filing the new UB-04 (CMS-1450) paper claim form during the NPI (National Provider Identifier) contingency period from May 23 – September 30, 2007. When billing on paper to Montana's Healthcare Programs, providers **must** continue to use their current Medicaid number during this time and may also include their NPI. NPI numbers are not required until October 1, 2007. The revised UB-04 (CMS-1450) must be used beginning May 23, 2007. Claims submitted on the old form after this date will be returned to providers.

UB-04	
Form Locator #	Definition
1	Provider's physical address
3a	Patient number
4	Type of bill
6	Header date of service (statement covers period)
7	Passport number or exemption indicator
8a	Client name
12	Admit date
13	Admit hour
14	Admit type
15	Admit source
17	Discharge status
18-28	Condition codes A4 = family planning B3 = pregnancy
39-41	Value codes 1 = Medicare deductible 2 = Medicare co-insurance 68 = EPO units
42	Revenue code
44	CPT/HCPCS code (outpatient)
45	Line level date of service (outpatient)
45 line 23	Billed date (creation date)
46	Units
47	Line level charges
50	Payer names in order of payment responsibility
54	TPL/Medicare payment
57 a-c	Must contain the billing provider's current Medicaid ID number in order of payer identified in FL 50
60	Client ID number
63	Prior authorization
66-67 A-Q	Diagnosis codes
69	Admit diagnosis code
73	Cost share indicator
74 a-e	ICD-9 (surgical) procedures and dates (inpatient)
76	Attending provider
77	Operating provider
78-79	Other provider

Complete instructions and information are available at:

CMS-1500	www.nucc.org
UB-04	www.nubc.org
Both	www.cms.hhs.gov

These websites include field definitions and valid data for all fields.